

3.4 Teaching Health FAQs: Addressing Teachers' Concerns

Q: Why is teaching health in my ESOL class so important?

A:

- **Learners are at high risk:** Individuals with limited English proficiency are a high risk group for low health literacy and its negative health implications, such as lack of access to preventive care, increased medication errors, more frequent hospitalizations, higher health care costs, and worse health outcomes for physical and mental health conditions. Information learned in ESOL classes about accessing and using U.S. health care can decrease the chances of these things happening, which will potentially help individual students, their families, and the U.S. health care system.
- **High interest and engagement:** ESOL students report high interest in learning about health and health care. These are engaging, motivating topics. Language, social, and cultural skills learned in health units are highly transferrable to other life situations.
- **Civic awareness:** The U.S. health care system is not user-friendly. It is very complex and changing constantly. ESOL instruction can empower learners to know how to access, navigate, communicate, and advocate for themselves in the health care system. This is important civics knowledge for all who reside in the U.S.
- **Keeping learners in programs:** While data on why students drop out of ESOL programs is often difficult to collect, teachers have observed that students' health problems can quickly derail their studies as the family's physical, emotional, and financial resources are drained. Health literacy instruction can improve learners' chances of staying in school longer and attaining their educational goals.
- **Health disparities:** There are serious racial and ethnic health disparities in the U.S. Many groups are not getting the health information and care they need. Adult education is a useful, as yet under-utilized, conduit for getting vital health and health care information to adults who might not otherwise have access to the information they and their families need.



Q: My beginner class doesn't speak any English yet. We just cover body parts and making doctor's appointments. Is that enough?

A:

NO!!! People with the lowest English proficiency are at greater risk for low health literacy, lack of access to health care, and poor health outcomes for conditions that, caught early, can be easily treated or managed. Beginning ESOL learners need basic information on accessing, navigating, and communicating in health care *even more* than many higher level learners. Vital information on these topics CAN be conveyed in simple, engaging, level-appropriate ESOL lessons.

Q: Health discussion can get pretty personal. I don't want to get too involved in my learners' lives. Sometimes I feel like they want me to fix health care problems for them. What should I do?

A:

- **Setting clear professional boundaries is important.** Make *empowering your students* the goal, not fixing things for them. Teachers shouldn't attempt to be social workers or doctors for their students. However, we can provide information to help learners help themselves, like contact information for a social worker or human service agency that can help them address a problem or education on how to access local affordable care. Refer to government and non-government providers when possible. Explain to learners how these services might be able to help, especially if learners haven't heard of the services before.
- **Don't take the problem upon yourself.** Taking student problems on yourself prevents students from learning how to help themselves, blurs the boundaries of the professional relationship you have with your students, and can contribute to professional burn-out.
- **Provide a safe forum for discussing common challenges when it's appropriate.** While ESOL teachers are not qualified to counsel learners, we can help by providing a forum in class for learners to share challenges they face around health care and to explore ideas for solutions to common problems. This normalizes the health care challenges learners face while helping learners further develop their communication skills, critical thinking skills, peer support, and awareness of U.S. health care culture and resources.



Q: What if a student says that studying health is not learning English?

A:

Studying about health can be a very productive way of learning language, literacy, and life skills all at once. Within the health context, students can practice reading, grammar, vocabulary, oral and written communication, and a wide variety of language functions needed for health care scenarios.

Q: I don't want to give learners the impression that I am a health expert or that I'm telling them what they should or shouldn't do or believe. How do I avoid this?

A:

- **Be clear from the start.** State clearly to students that you are not an expert and that the health care examples you use in class are not expert advice (but try to get as accurate information as possible for class practice).
- **Be non-judgmental.** Stay mindful that learners all have their own beliefs about health and health care. Resist saying that one way of understanding or treating a condition is better than another. Show interest, without judgment, in learners' varied views on health and health care.
- **Provide resource lists.** Have a local affordable care resource list on hand in case learners do want expert advice but don't have a doctor and/or insurance.
- **Refer to reliable websites.** Let learners know that they can get reliable information on different health conditions and treatments in many different languages at [Medline Plus](#) and [Healthy Roads Media](#).

Q: I'm not sure that I agree with the traditional methods one of my learners uses to treat illnesses. Should I say something?

A:

- **Know your role.** If you are aware that a learner is engaging in a traditional treatment that you consider ineffective, it is not your role to try and change that learner's beliefs or practices. Learners are adults and decisions relating to their health are theirs to make.

- **Respect cultural differences.** What works to treat illness in one culture may not be agreeable to another culture for a variety of reasons. It is not the teacher’s place to express judgement.
- **Encourage sharing with the doctor.** It is a good idea to encourage learners to tell U.S. doctors they see about any traditional treatments they use, as some traditional treatments might have bad interactions with mainstream medical treatments.

Q: What if I don’t know enough about health conditions or access to care to teach about these topics?

A:

- There is an abundance of reliable health and health care information on the Web if you know where to find it. For health conditions, good places to start are:
 - [Medline Plus](#)
 - [Health Finder](#)
 - [Noah-Health](#)
- For navigating healthcare see the Virginia Office of Health’s [Navigating the U.S. Health Care System](#) or the Agency for Healthcare Research and Quality’s [Patients and Consumers](#) webpage.
- For finding affordable health care in Virginia, see the Virginia Healthcare Foundation’s [Looking for Help?](#) webpage.

Q: My student showed me a huge hospital bill he can’t afford. He wants advice on what to do. What can I tell him?

A:

- Suggest that he go to the hospital’s billing or patient relations department and ask to speak with a financial counselor about the bill. Sometimes hospitals can arrange bill reductions, payment plans, or charity care. He will need to show proof of income to be considered for these.
- To avoid situations like this, in your health units teach students to ask to see a financial counselor while they or their family member is still in the hospital. It is generally easier to get financial assistance from a hospital before a bill has been issued.
- For more detailed information, see [2.6, Information on Medical Debt in Virginia](#) from the Virginia Legal Aid Society, in this toolkit.



Q: What if I feel uncomfortable talking about a health or health care topic because it seems too personal for class?

A:

- **Know why you are uncomfortable.** It's important to project comfort when teaching about health so that learners will be comfortable also. However, some topics or learner questions can trigger discomfort for a teacher, especially if the teacher has been through a personally difficult health or health care experience. Try to understand your own anxiety about teaching health so you can feel better about presenting important information and skills to learners, who might not be able to learn them elsewhere.
- **Have supports available.** [LaMachia and Morrish \(qtd. in *Field Notes, Spring 2001*\)](#) recommend having supports ready not just for learners but for yourself to help address difficult topics that come up. For yourself, this might mean a peer to debrief with after class or a guest speaker to cover a topic that is especially sensitive for you.
- **Use an impersonal, flexible approach.** Sensitive topics do not need to be presented in a way that makes teacher or learners uncomfortable. At higher levels, learners can use a project-based approach to select, investigate, and analyze a health issue for themselves and arrive at their own conclusions. At lower levels, picture stories can be used to make discussion of sensitive topics less personal.
- **Consult your colleagues.** See if other teachers have ideas for presenting sensitive topics with least discomfort for you and your learners.

Q: What if one of my learners thinks health is too personal to study in English class?

A:

- Learners should never feel they have to share about a health topic. Point this out to your class at the onset of class discussion.
- Construct activities or find materials that don't center on personal sharing.
- If learners would be more comfortable, explore the possibility of dividing the class into gender groups for a lesson relating to a sensitive health topic.



Q: What about especially sensitive topics, like domestic violence, mental illness, sexually transmitted diseases (STDs), or other reproductive health issues?

A:

- While these topics don't come up very regularly in ESOL classes, learners sometimes share about them or ask teachers about them. Teachers are also sometimes aware that some learners are struggling with these issues.
- There are good reasons to allow for discussion of sensitive health topics in ESOL classes in some situations. While these topics can be uncomfortable to discuss, they are quite common in the U.S. and some learner populations may be at high risk for some of them. Avoiding discussion of sensitive health topics can perpetuate fear, stigma, shame, isolation, misinformation about prevention and treatment, avoidance of treatment, worse health outcomes, or further spreading of the disease. If parents aren't educated about these topics, they can't provide good information to their children.
- If you suspect that a learner is currently experiencing one of these issues, it is **not** a good idea to bring that topic up in the learner's class. Doing so might cause the learner more trauma. A better idea is to speak with the learner privately and offer contact information for local support services. For more information on trauma-sensitive ESOL instruction, see [1.17, Mental Health and ESOL Instruction](#), in this toolkit.
- Your local health department or refugee resettlement services might have a health educator who can come speak with classes about them.
- There are also some simple ESOL materials available for basic, impersonal discussion of some of these topics. See [Picture Stories for Adult ESL Health Literacy](#) for lessons on domestic violence and mental health.

Q: I have thought about getting a healthcare guest speaker for class, but time is an issue. Will it be worth the time it takes to find a speaker? Will it be worth giving up class time to have the speaker?

A:

These are valid concerns. Teachers report both bad and excellent experiences with healthcare guest speakers. To assure the best experience possible for you and your learners, you can:



- Ask around for recommendations for a good speaker for ESOL classes. Ask program volunteers as well as teachers. Volunteers may have connections to the healthcare world that you were not previously aware of.
- Ask any potential speaker about their experience presenting to multicultural, LEP groups. If they have had little experience, encourage them to visit a class in your program first so that they can get a feel for student listening and speaking abilities. If they sound overly confident with limited experience, shy away. If their only experience is speaking with patients in their office, think twice – that communication dynamic is quite different from the classroom.
- Medical schools are getting much more diverse student populations these days. Chances are pretty good that you can find students there who are fairly culturally sensitive, possibly bilingual, interested in working on their professional communication skills with diverse populations, and interested in educating the public to reduce health disparities.
- In regard to class time, if the speaker is decent, it can be well worth the class time. Learners need comfortable exposure and practice interacting with health care providers, accurate health information, and a place to get reliable answers on the health care system. Your learners also can provide valuable insight for current and future doctors, nurses, and other health care providers on the needs and challenges LEP and uninsured patients face.

Q: Once I had a health care speaker present to my class. He spoke really fast and used a lot of jargon. It stressed my students out and they didn't understand much. How can I avoid this in future?

A:

Thankfully, more and more people in the health care field are becoming aware of the need to communicate simply with the public, but there's still a long way to go. If at all possible, arrange to meet with the speaker beforehand to go over the presentation from an ESOL perspective. Invite the speaker to visit a class to observe learner levels before the presentation.



Explain to health care guest speakers before their presentations that:

- They will need to speak slowly and in “plain English.”
- Even with slow, plain English, you will likely still need to be their “interpreter,” further simplifying the talk into ESOL English at regular intervals for learners.
- Learners have a wide variety of academic, professional, and life experiences, so their medical knowledge may vary greatly.

Make sure the speaker understands to:

- Limit content to basics and resist the urge to go into technical detail.
- Provide clear visual aids.
- Provide printed information for learners to refer to after the talk, preferably in all the native languages of your learners.
- Check for comprehension regularly.
- Leave time for questions.

For more ideas on health care guest speakers, see the toolkit section on “Guest Speaker Caveats” (3.3.4) in [3.3, Bringing Health Literacy to Life: Instructional Supports](#).

Q: Can I just give learners brochures on health topics in their native languages? Is that enough?

A:

- It may well *not* be enough for students with less education. If students didn’t learn basic health and medical language in their native country, the concepts in the brochures may be too difficult for them to comprehend.
- Also, some brochures may not be *culturally* relevant for learners, especially if they were originally written for native English speakers, then translated. Culturally irrelevant language and examples have been found to impede effectiveness of health education brochures.

